

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-088037

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
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14	1					
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16		5				
17		5				
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46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	6					
TOTAL DEP.		26				
TOTAL CLAIMS	32					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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